U.S. Department of Labor Office of Labor-Management Standards

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approv Office of Manager and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| For Official Use Oaty | |
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U-/2356 | 2. Fiscal Year Covered From: 1 / 1 / 1/204 Through: 12 / 31 / 2004 |
|--|---|
| Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| Name Brad E KICTE | Name IREW 540 |
| | Labor Organization File Number 601-65 |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any |
| Street 1905 Dennison Pl. Nu. | Street 2333 1 12 83 5E |
| City Courton | City Massitt |
| State C11 ZIP Code + 4 44709 | State O H |
| 5. Position in labor organization. Examin Boxard | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | | |
|--|--|--|--|--|
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | | |
| Name | | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| | 7.b. Amount. | | | |
| Street | | | | |
| City | | | | |
| State ZIP Code + 4 | | | | |

Signature

| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information | |
|---|----|
| submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the | he |
| undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | |

Signed Bush Wool

on 11/30/05

330-649-9570

Telephone Number

| B. Held an interest in or derived income or ecc substantial part of which consists of buying fro of an employer whose employees your labor of (2) any part of which consists of buying from of dealing with your labor organization or with a t | m, selling or leasing to, or other organization represents or is active or selling or leasing directly or ind | vise dealing with the business WFN vely seeking to represent, cr irectly to, or otherwise |
|---|---|---|
| 8. Name and address of Business (including tra Name Trade Name, if any: | de name, if any). | 9. Business deals with: a. Labor Organization |
| P.O Box, Bldg., Room No., if any Street | | b. Trust c. Emp.oyer |
| • | ZIP Code + 4 | |
| 10. If 9.b. or 9.c. is checked give trust or employ Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | oyer's name | 11.a. Nature of such deal ng. |
| Street City State | ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. |
| | | 12.b. Amount. |
| C. Received from any employer (other the or from any labor relations consultant to an e | nan an employer covered unde employer any payment of money | er parts A and B above) \\A\A\A\A\A\A\A\A\A\A\A\A\A\A\A\A\A\A\ |
| 43 o. Name and address of Escalavor as Labor | Point one Concultant | 14.a. Nature of payment. |

| Name and address of Employer or (including trade name, if any). | Labor Relations Consultant | 14.a. Nature of payment. |
|---|----------------------------|--------------------------|
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City | | |
| State | ZIP Code + 4 | |
| 13.b. Is the Business an Employer | or Consultant ? | 14.b. Amount of payment. |